

2396

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County PimaState ArizonaState File No. 248Local Registrar's No. 316

District or Township

or Village

City Tucson

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Rosa Andrade(a) Residence, No. 528 N. 7th Ave Rear

(Usual place of abode)

St. Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR or RACE

Latino5. SINGLE, MARRIED, WIDOWED or DIVORCED.
(Write the word)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

IF LESS than 1
day — hrs.
or — min.73

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Tucson, Ariz.
U. S. A.10. NAME OF FATHER Mariano Andrade11. BIRTHPLACE OF FATHER Mogales, Son
(State or country) (city or town)12. MAIDEN NAME OF MOTHER Barbara Madari13. BIRTHPLACE OF MOTHER Baranea, Son
(State or country) (city or town)14. Informant Mariano Andrade
(Address) 528 N. 7th Ave Rear15. Filed 4-1, 1931 Dr. A. K. Rame
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3-31-1931
Month Day Year17. I HEREBY CERTIFY, That I attended deceased from 3-30, 1931, to 3-31, 1931, that I last saw her alive on 3-31, 1931, and that death occurred, on the date stated above, at 3 p. m. The CAUSE OF DEATH was as follows:measlesCONTRIBUTORY (Secondary) enterocolitis
(duration) — yrs. — mos. 16 ds.(duration) — yrs. — mos. 6 ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. J. G. Gentry, M. D.

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Hope Cem.

DATE OF BURIAL

4/1/31

20. UNDERTAKER

Family

ADDRESS

Tucson